
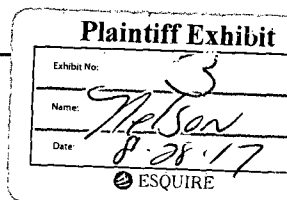


EEOC Form 6 (11/09)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>440-2014-05397</b>	
<b>Illinois Department Of Human Rights</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Mr. Patrick Nelson</b>		Home Phone (Incl. Area Code) <b>(708) 989-1676</b>	Date of Birth <b>05-30-1962</b>
Street Address City, State and ZIP Code <b>2433 W. Washburne, Chicago, IL 60608</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>COOK COUNTY JUVENILE PROBATION</b>		No. Employees, Members <b>500 or More</b>	Phone No. (Include Area Code) <b>(312) 738-8200</b>
Street Address City, State and ZIP Code <b>Office Of The Chief Judge, 1100 S. Hamilton, Chicago, IL 60612</b>			
Name 		No. Employees, Members 	Phone No. (Include Area Code) 
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest                      Latest <b>08-08-2014</b>  <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). <b>I began employment with Respondent on or about April 9, 2001 and my current position is Probation Officer. During my employment, I have been subjected to different terms and conditions of employment, which includes, but is not limited to, being denied the ability to earn and use compensatory time, and being denied a performance bonus.</b>  <b>I believe I have been discriminated against because of my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended.</b>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT   SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date <b>Aug 08, 2014</b>  Charging Party Signature			



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